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# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Num	ber:	3235-0076						
Expires:	Apri	1 30,2008 ge burden						
Estimated	avera	ge burden						
hours per r	espor	se 16.00						

SEC	USE ON	LY
Prefix		Serial
DA	TE RECEIVE	D
	1	

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	05072918
ICScape, Inc.	•
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
920 Stewart Drive, Sunnyvale, CA 94085	(408) 720-8618
Address of Principal Business Operations (if different from Executive Offices)  PROCESSED  Output  Category  PROCESSED  Output  Description  Output  Descrip	Telephone Number (Including Area Code)
Brief Description of Business  Develop and license technology  DEC 0 2 2005	
Type of Business Organization  corporation  limited FINANCIA dy formed  business trust  limited partnership, to be formed	please specify): SPECEIVED TO RECEIVED TO RECEIVE TO RECEIVE TO RECEIVE TO RECEIVE TO RECEIVE TO RECEIVE TO RECEIV
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated EIN 203
GENERAL INSTRUCTIONS	
<b>Federal:</b> Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shal
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the ess such exemption is predictated on the

2. Enter the information re	quested for the fol	lowin	The Control of the Co	21 <b>N</b> .1(1)	FICATION DATA				
• Each promoter of t	he issuer, if the iss	uer h	as been organized w	ithin	the past five years;				
									s of equity securities of the issue
				corpo	rate general and mar	aging	partners of	partne	rship issuers; and
• Each general and r	nanaging partner o	f part	nership issuers.						
Check Box(es) that Apply:	Promoter	V	Beneficial Owner		Executive Officer	V	Director		General and/or Managing Partner
Full Name (Last name first, i Hu, Chenmin	f individual)								
Business or Residence Addre 920 Stewart Drive, Sunn			t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Tsang, David	f individual)		· ******			·	_		
Business or Residence Addre Results Way, Cupertino		Stree	t, City, State, Zip Co	ode)					71/18/16/11/11/11/11/11
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						2		
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)			_		-
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)	1974 P. P. L. L. P. L.				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								·
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)	The Control of the Co				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)	M		_		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)	,							
Business or Residence Addre	ess (Number and	Stree	t, City, State, Zip Co	ode)			<u> </u>		
	(Use bla	nk sh	eet, or copy and use	addit	ional copies of this s	heet,	as necessary	·)	

				В. п	NFORMAT	ION ABOU	T OFFERI	NG S				
	Answer also in Appendix, Column 2, if filing under ULOE.											
Z. Wilat	is the minim	ium mvesm	iciii iiiai w	m be acce	pteu from a	my marvid	uai?	•••••••		***************************************	\$Yes	000.00 No
3. Does	Does the offering permit joint ownership of a single unit?											
comm If a pe or stat	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name None	(Last name	first, if indi	vidual)									
	r Residence	Address (N	umber and	1 Street, Ci	ty, State, Z	(ip Code)						
Name of A	ssociated B	roker or De	aler									
States in V	Vhich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	States)			,., <b>.</b>				☐ Al	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	vidual)		·			<del></del>				
Business	or Residence	e Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler				77.1				<u>.</u>	<del></del>
States in V	Vhich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	States)				•••••		••••••	☐ Al	States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business	or Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)	<del></del>				*****	
Name of A	ssociated B	roker or De	aler								<del> </del>	<del></del>
States in V	Vhich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All State	s" or check	individual	States)							☐ Al	1 States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	☐ Common		-
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	1,000,000.00	\$ 940,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	ν	Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$_940,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_10,000.00
	Accounting Fees	-	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total	<del></del>	\$ 10,000.00

3	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C— proceeds to the issuer."			990,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] \$	<u></u> \$
	Purchase of real estate		] \$	<b>\$</b>
	Purchase, rental or leasing and installation of mac and equipment	hinery [	<b>]</b> \$	<u></u> \$
	Construction or leasing of plant buildings and faci		_	_
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	¬\$	_ \$
	Repayment of indebtedness	<del>-</del>		_
	Working capital	-	_	
	Other (specify):			
			]\$	<u> </u>
	Column Totals	[	_	\$_990,000.00
	Total Payments Listed (column totals added)		\$ <u></u> 9	00,000,00
		D. FEDERAL SIGNATURE	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (	
sign	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acci	nish to the U.S. Securities and Exchange Commis-	sion, upon writte	le 505, the following n request of its staff
SSI	uer (Print or Type)	Signature I	Date	
IC	Scape, Inc.	( Sould White	September 15, 2	2005
Va	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
m	l Chang	Issuer's Counsel		

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

se e t		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?								
	See	Appendix, Column 5, for state response.							
2.	<ol> <li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on F D (17 CFR 239.500) at such times as required by state law.</li> </ol>								
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by t issuer to offerees.								
4.		suer is familiar with the conditions that must be satisfied to be entitled to the Uniform ate in which this notice is filed and understands that the issuer claiming the availability ing that these conditions have been satisfied.							
	er has read this notification and knows the conte horized person.	nts to be true and has duly caused this notice to be signed on its behalf by the undersigned							
lssuer (l	Print or Type)	Signature Date							
CScape	e, Inc.	September 15, 2005							
Name (I	Print or Type)	Title (Print or Type)							
Emil Ch	nang	Issuer's Counsel							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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#### APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No MO MTNE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT VA WAWV WI

APPENDIX										
1		2	3		4					
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)	nased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										